

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 14 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
1a. DOCUMENT #
A26866

COUNTY LINE ROAD LIMITED PARTNERSHIP

Mailing Address 11821 PARKLAWN DRIVE SUITE 230 ROCKVILLE MD 20852		Principal Office Address 11821 PARKLAWN DRIVE SUITE 230 ROCKVILLE MD 20852		3. Date Formed or Registered 08/08/1988	5a. Capital Contributions as Shown on record. \$500,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$560,000.00
City & State		City & State		6. FEI Number 65-0076782	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent STOLAR, ALLEN D. 290 N.W. 165TH STREET, S-M400 MIAMI FL 33169	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, has changed its registered office or registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HOLTZMAN, ROBERT	11821 PARKLAWN DR. #230	ROCKVILLE MD	
PLATT, WILLIAM	11821 PARKLAWN DR. #230	ROCKVILLE MD	
ROSE, ALLEN	533 ASHLAND AVENUE	CHICAGO HEIGHTS IL	
STOLAR, ALLEN D.	290 NW 165TH ST., #M400.	MIAMI FL	

dec 585.00 (new)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Robert Holtzman* DATE *12/9/96*

ROBERT HOLTZMAN

(305) 949-6655

CRZE003 (6/96)